X SUMMONS FOR WITNESS		DOCKET NUMBER			Trial Court of Massachusetts District Court Department		
SESSION: X CRI	MINAL X TRIAL		NAME A			YOU MUST	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT			Quincy District Court One Dennis F. Ryan Parkway Quincy, MA 02169 Chief Justice: Hon. Mark F. Coven		APPEAR AT THIS COURT ADDRESS ON THE DATE		
				DATE AND TIME OF APPEARANCE:		AND TIME	
Commonwealth v.			April 17, 2012 at 8:45am JURY TRIAL		- SPECIFIED HEREIN		
				DATE	TIME		
NAME, ADDRESS AND ZIP CODE OF WITNESS  Ms. Annie Dookhan			OFFENS		s B Substance		
Mass. Department of Public Health William A. Hinton State Laboratory Institute 305 South Street Jamaica Plain, Mass. 02130				SSION OF CIAS	S B Substance		
named or usu residir NC in a ci To the You a the Ju and d	You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.  NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.  To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered.  WARNING TO WITNESS:  Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. Please bring this document with you to court.					•	
	Please check in on the 2 <sup>nd</sup> floor at the District Attorney's Office If you do not appear, the case may be dismissed.						
					DATE OF ISSUE		
WITNESS:		all Monneing			6/16/2017		
	Michael V	V. Morrissey, District Attorney					
I hereby certi	fy that I served t	RETURN OF SE he within summons upon the ab		ned <u>Witness</u> l	by		
□ Leavin a person of su x Mailing	g a copy of it at i iitable age and d a copy of it to th	personally to the defendant or withe dwelling house or usual place liscretion residing therein. ne last known address of the defension but DATE RECEIVED	e of abo	or <u>witness</u>		ith	
DATE OF OFF		AIAMATURE OF REPOAULANCES			500111111111111111111111111111111111111		
DATE OF SERVICE		SIGNATURE OF PERSON MAKING SERVICE			TITLE OF PERSON MAKING SERVICE		
1/11/2012		/s/ Eric Haskell		Norfolk	Norfolk County D.A.'s Office		